

## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	AN APPARATUS AND METHOD FOR TRANSMISSION AND REMOTE SENSING OF SIGNALS FROM INTEGRATED CIRCUIT DEVICES
Application Type : regular, utility Attorney Docket Number : BUR920040041US1	
Correspondence address: <b>Name:</b> Frank J. Thornton, Esq. <b>Address-1 of Mailing Address:</b> 4205 Ethan Allen Hgwy <b>Address-2 of Mailing Address:</b> <b>City of Mailing Address:</b> Charlotte <b>State of Mailing Address:</b> VT <b>Postal Code of Mailing Address:</b> 05445 <b>Country of Mailing Address:</b> US <b>Phone:</b> 802-425-2410 <b>Fax:</b> 802-425-6124 <b>E-mail:</b> fjt@blackthornsystems.com	
Inventors Information:  <u>Inventor 1:</u> <b>Applicant Authority Type:</b> Inventor <b>Citizenship:</b> US <b>Given Name:</b> Theodore <b>Middle Name:</b> M. <b>Family Name:</b> Levin <b>Residence:</b> <b>City of Residence:</b> Burlington <b>State of Residence:</b> VT <b>Country of Residence:</b> US <b>Address-1 of Mailing Address:</b> 68 Greene Street <b>Address-2 of Mailing Address:</b> <b>City of Mailing Address:</b> Burlington <b>State of Mailing Address:</b> VT <b>Postal Code of Mailing Address:</b> 05401 <b>Country of Mailing Address:</b> US <b>Phone:</b>	

**Fax:**

**E-mail:**

Inventor 2:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** David  
**Middle Name:** P.  
**Family Name:** Vallett  
**Residence:**  
**City of Residence:** Fairfax  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 287 Buck Hollow Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Fairfax  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05454  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Attorney Information:

Name	Registration Number
Frank J. Thornton Esq.	20610

Assignee 1:

**Organization Name:** International Business Machines Corporation  
**Address-1 of Mailing Address:** New Orchard Rd.  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Armonk  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 10504  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**